

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99732 Office of Registrar of Vital Statistics.

Ward 9th
The Physician who attended any person in a last illness, or responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday May 10th 87
Full Name of Deceased, Walter Perkins
Sex, Male or Female, Male
Age, 18 Years, 0 Months, 0 Days.
Color, Red

Married, Single, Widow or Widower, Widow
Occupation, Student

Birth Place, Baltimore Md
Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 8 Hamilton St
Cause of Death, Tuberculosis Pulmonalis
First (Primary), Tuberculosis Pulmonalis
Second (Immediate), Tuberculosis Pulmonalis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Calver Cemetery

Date of Burial, May 12 1887

Undertaker, Mr. Madden

Place of Business, 76 East St

Address, 1000 N. Holliday St
M. D. 1887
Medical Attendant, Dr. J. H. H. H.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99733 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louise Dietrich

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } old #22 Philpot St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Morbus

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Aphonia Church

Date of Burial, May 12th 87

{ Undertaker, Wm. Broschardt } John H. Rehberger M. D.
Medical Attendant.

{ Place of Business, 1732 E. Pratt } Address, #1709 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9973 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, with MAY 11 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marie Huempel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, 9 Months, 10 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Housework

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } (New) 828 N. Gay St

Cause of Death, { First (Primary), Second (Immediate), } Chronic Albuminuria
Asthenia

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12th 1887

Undertaker, Fred Gaede Jos. W. Pickel M. D. Medical Attendant.

Place of Business, 100 S. Caroline Address, 930 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99735* Office of Registrar of Vital Statistics. Ward *14*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 10th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mrs Eliza Brown*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *75* Years, *-* Months, *-* Days.

Color, *White*

Married, *Single*, Widow or Widower, { Cross out the words not required in this line. } *✓*

Occupation, *Invalid*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *-*

Place of Death, { Give Street and Number. } *1237. W Lombard St*

Cause of Death, { First (Primary), Second (Immediate), } *Paralysis*

Duration of Last Sickness, *One day*

All the above information should be furnished by the Physician.

Place of Burial, *St Peters Cemetery*

Date of Burial, *May 12th 1887*

{ Undertaker, *Jos B Cook* } *Edw L. Nicholas M.D.*

Medical Attendant.

{ Place of Business, *1003 W Baltimore* } Address, *707 W Lombard*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99736 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John F. Dease

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 Years, 3 Months, 18 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Varnisher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 57 S. Howard Payson

Cause of Death, { First (Primary), Second (Immediate), } Purpura Hemorrhagica
Coma

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, May 12 1887

{ Undertaker, Jos. B. Clark

{ Place of Business, 1003 N. Baltimore Address, 1701 Halling

Medical Attendant, James B. B. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022

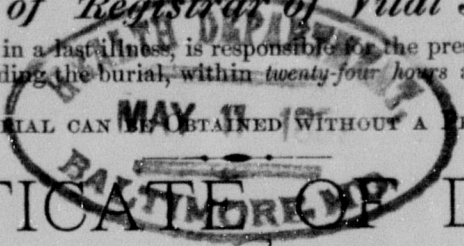
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99737 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 11 1887

Full Name of Deceased, Lilly May Wilson

Sex, Male or Female, Male

Age, 7 Years, 7 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Plattinore M

Birth Place, Dying Life

Duration of Residence in the City of Baltimore, 1729 William St

Place of Death, 1729 William St

Cause of Death, Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Hill

Date of Burial, May 12 1887

Undertaker, Amstrong

Place of Business, 715 Light Address, 104 Fort av

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99738

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary V. Knight

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 38 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lif

Place of Death, { Give Street and Number. } 608 N. Caroline St

Cause of Death, { First (Primary), Second (Immediate), } Peritonitis, Uterine Abscess
Peritonitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 12 1887

Undertaker, Henry W. Mears M. D.

Place of Business, #413 E. Gayville Address, 1737 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

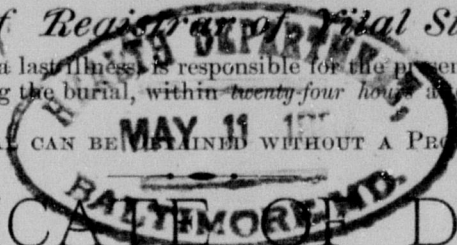
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99739 Office of Register of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Heinrich Justus Müller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 Years, 5 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (21 years)

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} 114 N. Dallas St

Cause of Death, {First (Primary), Second (Immediate),} Influenza
Exhaustion

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 12th

{ Undertaker, Henry Hofmann } L. P. Mitternitz M. D.
Medical Attendant.

{ Place of Business, 63 N. Eden St. } Address, 25 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99740 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1887

Full Name of Deceased, Anton Rath { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 76 Years, - Months, ✓ Days.

Color, Colored

Married, Single, Widow or Widower, Widower { Cross out the words not required in this line. }

Occupation, Germany

Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 42 years

Place of Death, 244 N. Central Ave. { Give Street and Number. }

Cause of Death, Senility { First (Primary), Second (Immediate), }

Duration of Last Sickness, -

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, May 13, 1887

Undertaker, Henry Moenke O. S. Blomer M. D. Medical Attendant.

Place of Business, 1023 N. Central Ave. Ever Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99741 Office of Registrar of Vital Statistics Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa E. Emory

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 38 Years, _____ Months, _____ Days.

Color, white

Married, ~~Single~~ Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. city

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 2501 E. av.

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 3 moos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 12th 87

Undertaker, E. France R. W. Mansfield M. D.

Medical Attendant.

Place of Business, Frank & Wagon Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]